

Date _____

REQUIRED – Attach to appl.

ATTACH PHOTO

_____ Photo

_____ Working Papers

_____ Letter of Recommendation

_____ Resume

Tee shirt S M L XL XXL

Lake Grove 2010
Seasonal Employment Application

Name _____ DOB _____ Age (as of July, 1) _____

Street _____ Town _____ Zip _____

Village Resident Yes ____ No ____ Phone #: _____

Social Security # _____ Cell # _____

Current Grade _____ School Name _____

E-Mail _____

Position Applying for:

_____ **CIT Program** (Age 15 or older) Cost of field trips and includes additional hours of CIT training

_____ **Counselor** (Ages 16-17) must have camp experience or worked as a Counselor or Comparable

_____ **Senior Counselor** (Ages 17 & older) must have camp experience or worked as a Counselor or Comparable

_____ **Group Leader** (Counselor experience necessary or Comparable

CPR/AED and FIRST AID CERTIFICATION NECESSARY

- Can you work the five weeks (July 6, thru August 6) of the program? Y N
- Attendance is strictly enforced
- Certified CPR Y N Certified First Aid Y N include details

Education: Name of School Years Completed Graduation Date Degree/Major

Elementary

Jr. High

High School

College:

Graduate School:

Work Experience

Dates Worked (most recent first)	Place of Employment	Full/Part Time	Duties Performed
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Counselor Experience

Dates Worked	Place of Employment	Responsibilities (ages worked with/ gender)
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Please Answer the Following Questions:

1. How did you find out about this job?

friends _____ Family _____ Newsletter _____
Employment Ad: (Yankee Trader _____ Pennysaver _____) Other _____

2. Hours of the program may extend beyond 9:00 a.m.-12:00 pm. Would you have any conflicts that would interfere with this schedule? Yes _____ No _____

Explain:

3. What age groups and gender would you be most interested in working with?
4. What special talents would you bring to the program?

**YOU MUST ATTEND A MANDATORY ORIENTATION SESSION.
NOTIFICATION OF DATE & TIME WILL BE FORWARDED.
FAILURE TO ATTEND MAY RESULT IN FORFEITURE OF
POSITION.**

DECLARATION:

*I DECLARE, SUBJECT TO PENALTY OF PERJURY, THAT
STATEMENTS MADE IN THIS APPLICATION ARE TRUE.*

APPLICANT'S SIGNATURE _____
DATE: _____

PARENT OR GUARDIAN (UNDER 18) _____
DATE: _____